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APPLICANTS

Jeffrey H. Burbank, Boxford, MA;

 Charles D. Finch JR., Clinton, MS;
 James M. Brugger, Newburyport, MA;

** CONTINUING DATA *****

This application is a DIV of 08/800,881 02/14/1997 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 15 16	INDEPENDENT CLAIMS 3 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>DeBano</i>	Initials		

ADDRESS

 21890
 PROSKAUER ROSE LLP
 PATENT DEPARTMENT
 1585 BROADWAY
 NEW YORK, NY
 10036-8299

TITLE

Hemofiltration system

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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